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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
1. County	Mohave	BUREAU OF VITAL STATISTICS	State Index - - - - No. 2858
District	Kingman		County Registrar's - - No.
Town or City	Kingman Arizona	ORIGINAL CERTIFICATE OF DEATH	Local Registrar's - - No. 34
		No. Mohave County General Hospital	St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street number).			
2. FULL NAME Thelma Ophelia Martinez			
(a) Residence, No. Glendale Arizona		St. Ward	
(Usual place of abode)		(If non-resident, give city or town and State)	
Length of residence in city or town where death occurred 1 yrs. mos. 14 ds.		How long in U. S. if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX Female	4. COLOR or RACE White	5. SINGLE, MARRIED, WIDOWED or DIVORCED. Married	
5a. If married, widowed, or divorced—HUSBAND or (or) WIFE of L M Martinez			
6. DATE OF BIRTH (month, day and year)			
7. AGE Years 18	Months 6	Days 25	IF LESS than 1 day. hrs. or min.
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work Stenographic			
(b) General nature of industry, business or establishment in which employed (or employer) Babit Brothers			
(c) Name of employer			
9. BIRTHPLACE (city or town) Long Beach			
(State or country) California			
10. NAME OF FATHER W B Marrell			
11. BIRTHPLACE OF FATHER Selver City			
(State or country) New Mexico			
12. MAIDEN NAME OF MOTHER Emma Bennett			
13. BIRTHPLACE OF MOTHER Texas			
(State or country) Graham			
14. Informant Mrs. Emma Marrell			
(Address) Glendale Arizona			
15. Filed June 13 1926 Mrs Margaret Doherty			
Local Registrar.			
Filed 19			
V. S. No. 1 County Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) 6-11-1926			
17. I HEREBY CERTIFY, That I attended deceased from May 31 1926 to June 11 1926			
that I last saw her alive on June 11 1926			
and that death occurred, on the date stated above, at 8 a. m.			
The CAUSE OF DEATH* was as follows: Acute septic peritonitis			
CONTRIBUTORY (duration) yrs. mos. ds.			
Appendicular Abscess, Rupture			
(Secondary)			
(duration) yrs. mos. ds.			
18. Where was disease contracted Not at place of death?			
Did an operation precede death? Yes Date of 2/26/26			
Was there an autopsy?			
What test confirmed diagnosis? TPR White			
(Signed) 6-12-1926 (Address) Kingman Ariz.			
* State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL Mountain View		DATE OF BURIAL June 12 1926	
Kingman Arizona		ADDRESS	
20. UNDERTAKER		Ray M. San Juan Kingman Ariz.	